



POWER OF ATTORNEY FOR RETIRED MEMBERS OR RECIPIENTS

State Form 49613 (1/00)
Approved by the State Board of Accounts 2000

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Fax #: (317) 232-3882
Home page: <http://www.in.gov/trf>

PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

Instructions:

1. Please **TYPE** or **PRINT**.
2. Please return to the **Indiana State Teachers' Retirement Fund** for verification and processing.

MEMBER OR RECIPIENT INFORMATION

Social Security Number	TRF Number	Date
First Name	MI	Last Name
Address		Home Phone Number
		Other Phone Number
City	State	Zip Code

ATTORNEY IN FACT POWERS

Pursuant to Indiana Code, section 30-5-4-1, I, _____, do hereby appoint

_____ as my attorney in fact to sign my name and conduct business on my behalf in

relation to the following transactions involving the Indiana State Teachers' Retirement Fund:

- Changing my mailing address
- Changing my electronic direct deposit accounts
(Please note: Pursuant to Indiana Code, section 21-6.1-5-17, retirement benefits are payable only to the member or recipient.)
- Changing my tax withholdings

Signature	Printed Name
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NOTARY CERTIFICATE

STATE OF _____ }
COUNTY OF _____ } SS:

SEAL

This voluntary act sworn to before me, a Notary Public, in and for said State and County, this _____
day of _____.

Signature of Notary Public	Printed or typed name of Notary Public	Date commission expires
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